

State of California
Department of Pesticide Regulation
TRAVEL EXPENSE CLAIM
DPR-027 (Rev. 3/04)

See Instructions and Privacy Statement on Reverse Side

Page 1 of 1

<input type="checkbox"/> Out-of-State Trip No. _____ <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Training														
Claimant's Name Mary-Ann Warmerdam					Telephone Number 916-445-4000					Employee Number E000113420				
Home Address P.O. Box 467					City Yolo			State CA		Zip Code 95697		Position Director		
Headquarters Address 1001 I Street					City Sacramento			State CA		Zip Code 95814		Branch Executive Office		CB/I No. Exempt

(1) Month/Year 1/10	(2) Time Depart Return	D a t e	(3) Location Where Expenses Were Incurred (Between what Points)	(4) Lodging	(5) Meals			(6) Incid'l	(7) Transportation				(8) Business Expense	(9) Total Expenses for Day
					Breakfast	Lunch	Dinner		(A) Cost	(B) Type	(C) Tolls Carfare Pkg.	(D) Private Car Miles Amt.		
1700	2030	13	Sacramento						SC		8.00			8.00
			PURPOSE: AG LEADERSHIP BOARD MEETING											0.00
														0.00
1300		21	Sacramento to Monterey	76.95			18.00		SC		17.00			111.95
	1800	22	Monterey to Watsonville to Sacto.		6.00	10.00		6.00	4.00	SC				26.00
			PURPOSE: MEETING WITH GROWERS RE: FUMIGANTS											0.00
														0.00
														0.00
														0.00
														0.00
														0.00
Sub Total (Acct. Use Only)														
TRAVEL ADVANCE														\$
(10) CLAIM TOTAL														\$ 145.95

(11) Purpose of Trip, Remarks & Details

1/13:(7)(C): parking at Ag Leadership Board meeting (receipt attached)

1/21:(7)(C): parking at hotel (itemized on attached hotel receipt)

1/22:(7)(A): bridge toll (no receipt)

(12) Normal Work Hours
0800-1700

(13) Private Vehicle License No.

(14) Mileage Rate Claimed

(15) I HEREBY CERTIFY, that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 - 0754 pertaining to vehicle safety and seat belt usage.

Claimant Signature

Date

4 February 2010

(16) Signature of Officer Approving Travel and Payment

Cindy Trunk 2/4/10

Special Expense Authorization (See item 17 on reverse)

(18) Program Use				Accounting Use Only					
Index	PCA	%		Obj. Code	Amount	Tax	Non-Tax	Check Number	TEC Amt. Due
2100	13000	100							

Forward original and one copy, with required vouchers/receipts, (original and one copy), to DPR's Accounting Office